

ARIZONA STATE BOARD OF HEALTH Vol. 5-25 # 236  
BUREAU OF VITAL STATISTICS

Return should preferably be made  
person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. ....

of Birth **Miami** County **Gila** No. .... St.  
(Stratton District)

I HEREBY CERTIFY that the child described herein has  
been named

1st CHILD\* Twin { and { Number\*  
Triplet { in order  
or other? { of birth

2nd

OF BIRTH\* **May 28th** 192**5**  
(Month) (Day) (Year)

FATHER  
**Matthias Fred Schmich**

MOTHER  
**Gertrude Cecilia Dalton**

**Harry Lloyd Schmich**  
(Give name in full) (Surname)

*Matthias Fred Schmich*  
(Parent's Signature)

*J. J. ...*  
(Signature of Physician or Midwife)

These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with  
this certificate on tenth day of following month.

Changing child's name

828-528-745 8-17-25

